

## Washington Wing, Civil Air Patrol Call Sign Application

Instructions for completing this form: You must have successfully completed the Advanced Communications Users Training and have been issued an advanced ROA card before applying for a station license. Fill in the applicable data. If you are applying for a station license but do not have radio equipment please write "none" in the "Make and Model" block on page 2. When you acquire compliant equipment, you must submit a "modified" WWF14 form to add the equipment data on page 2. The completed, signed form must be mailed to WA Wing HQ attn: DOK. An e-copy or fax may be sent to the DOK to expedite processing your request. Incomplete or unsigned forms will not be processed.

Unit Name:		Charter Number: PCR-WA		New Modified		Renewal Other	
Name: Last, First, Middle		Location of Transmitter for Fixed Station Only:  LAT: _____  LONG: _____		Existing or Requested Call Sign:  Washington CAP _____  Call sign must be within your units Call Block unless otherwise authorized			
Address:							
City, State, Zip:							
Seniors Only: Yes <input type="checkbox"/> LEVEL 1/CPPT COMPLETED?		Cadets Only: Yes <input type="checkbox"/> PHASE 1 COMPLETED?		Membership Expiration Date: _____			
Washington Wing ROA Card Number:				Duty Assignment:			
Telephone Numbers:							
Home:				Work:			
Cellular:				Pager:			
E-Mail Address:				Amateur Radio Rating and Call Sign:			
Communications Badge		NONE <input type="checkbox"/>	BASIC <input type="checkbox"/>	SENIOR <input type="checkbox"/>	MASTER <input type="checkbox"/>		
Requested Frequency Bands							
Place an "X" in the box beside the frequency bands for which you have compliant equipment							
<u>VHF FM</u> <u>PACKET</u> <input type="checkbox"/>		<u>VHF AM</u> <input type="checkbox"/>		<u>HF AM&amp; SB</u> <input type="checkbox"/>			
List all Corporate and personal radio equipment applicable to the application on the reverse side of this form							
Answer A through E for Fixed Stations							
A. Will the antenna extend above natural formations?				YES		NO	
B. If the answer to "A" is YES, how many feet above the natural formation will the antenna extend? _____							
C. What is the distance from the fixed station to the nearest airport? _____							
D. What is the name of the nearest airport? _____							
E. Is your station equipped with emergency back up power? If so, what type and what is the power rating in watts?							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Type: _____ Watts: _____			
Signature of Operator: _____				Grade: _____		Date: _____	
Communications Officer's: _____				Grade: _____		Date: _____	
Signature Commander's : _____				Grade: _____		Date: _____	
Signature							
WWF-14      26-Feb-04      Supersedes all previous revisions							

## Corporate Owned Equipment

Make and Model	Serial Number	Fixed Station or Mobile

## Lease Agreement for Member Owned Equipment

I hereby offer the Washington Wing, Civil Air Patrol, for use for official CAP purposes the following items of radio equipment

Make and Model	Serial Number	Fixed Station or Mobile

I understand that this agreement gives Washington Wing, Civil Air Patrol, operational control of the above equipment for CAP purposes. That it will be used only for official business of the CAP as defined in current CAP regulations and other official documents of CAP, and that this agreement can be terminated at any time by CAP or myself for any reason. If any other CAP personnel are allowed to use said equipment, I understand that such equipment will be returned to me in the event that this agreement is terminated. It is understood that CAP is not responsible for the condition, maintenance and serviceability of the equipment listed in this agreement. The above equipment cannot be used by other CAP personnel without my consent and approval. With my signature below I acknowledge that the equipment listed above meets all current NTIA standards and that I have read the latest Washington Wing Consolidated Communications Plan.

Signature of Operator: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_